



1 way the question was asked.

2 Q. Okay. So do you --

3 THE COURT: And be sure to keep your voice up.

4 MS. JOHNSON: Yes. Sorry.

5 Q. You had testified that you agree with the conclusion  
6 that putting a knee on the back can cause positional  
7 asphyxiation; is that correct?

8 A. Yes.

9 Q. And you also stated that you had seen that in a video  
10 happen at Woodside?

11 A. Yes.

12 Q. And do you recall how many times you've seen that  
13 happen in a video at Woodside?

14 A. I've seen multiple instances in which pressure or  
15 weight was applied to the back or torso of an individual  
16 during a restraint. And that causes me to be extremely  
17 concerned about the possibility of positional asphyxiation  
18 which is the leading cause of death during restraints. And  
19 I've testified to the effect that I am concerned that there is  
20 a high risk of a child being killed in the course of one of  
21 these restraints, particularly if the child is overweight or  
22 has asthma, as additional factors.

23 I believe that it's a high risk. It's the number 1  
24 cause of death in restraints. And it's the reason in most  
25 restraint modalities, you are trained never to apply weight to



1 the back or the torso of the person that you're restraining.

2 Q. Okay. And with respect to the -- well, can you  
3 explain what positional asphyxiation is, for anyone who  
4 doesn't know what that term means?

5 A. Yes. So it's a situation in which you are unable to  
6 breathe because of the fact that you cannot expand your  
7 ribcage and your lungs. And so you're basically already at  
8 risk for it, when you have somebody in a face-down position  
9 because they're against a hard surface. So that normally when  
10 you breathe, your accessory muscles expand your ribcage which  
11 allows your lungs to inflate. When you're laying on a hard  
12 surface, it's limiting the ability for that to happen.

13 If in addition you apply weight to the back of the  
14 ribcage and to the torso, it further restricts the person's  
15 ability to breathe. There's been over 142 instances of people  
16 dying in a restraint due to positional asphyxiation. So it's  
17 not a rare problem. And it's one of the reasons that the  
18 Retreat implemented a brand-new policy to move people from  
19 prone position and flip them to supine, in order to avoid the  
20 possibility of positional asphyxiation.

21 Q. Okay. And would you say that's the most serious risk  
22 based on what you've observed in the videos and read in the  
23 reports and all of the other information you've reviewed?

24 MR. MCLEAN: I object to this line of questioning as  
25 cumulative. We've already gone through with Dr. Bellonci



1 regarding positional asphyxiation.

2 THE WITNESS: It's a hard one.

3 MR. MCLEAN: And the concerns regarding restraints  
4 using pressure to the upper back or neck. That was discussed  
5 in detail.

6 THE COURT: Overruled. This question is building on  
7 other evidence but slightly different.

8 BY MS. JOHNSON:

9 Q. Have you seen restraints at Woodside where staff  
10 applied pressure to the head or neck?

11 A. Yes.

12 Q. And what is the risk with that?

13 A. Again, so you're -- you run the risk of further  
14 impeding the individual's ability to breathe. So I've seen  
15 both, staff applying pressure to the head and neck and I've  
16 seen staff applying pressure against surfaces that could,  
17 again, impede the ability of the individual to breathe, which  
18 could lead to death. That's the -- that's the fear in  
19 positional asphyxiation. Particularly, if you have somebody  
20 who is triggered and traumatized and fighting, as I've  
21 repeatedly seen in these restraints, they're (sic) already  
22 have a limited ability to get -- catch their breath and get  
23 their breath. And then on top of that, applying pressure in  
24 that way does greatly enhance the risk of them basically not  
25 being able to breathe and then dying.



1 Q. And with respect to the technique of extending the  
2 arms behind the back and twisting, you testified that there  
3 are risks of soft tissue injury and emotional trauma because  
4 of the use of pain. Do you have any other concerns about  
5 those techniques that you haven't already said?

6 A. Yes. So again, the position of having the arms  
7 elevated up and applying force to them, also restricts your  
8 ability to breathe. It's one of the reasons that all of the  
9 restraint modalities I'm familiar with, always keep the arms  
10 against -- flat against the surface, never lift them up that  
11 way. It's one of the reasons that people suffocate in  
12 crucifixion because it raises your arms up and cuts off,  
13 again, your ability to expand your lungs and leads you to die  
14 from not being able to breathe.

15 Q. And have you observed staff, either in videos that  
16 you've seen or reports you've read, staff pushing the feet  
17 into the buttocks?

18 A. Yes.

19 Q. And are there any risks with that?

20 A. Again, yes. You're applying a lot of pressure to the  
21 knee joints, obviously. And you can see in several of the  
22 videos, it is causing severe pain. You hear the child stating  
23 that it hurts, and so again, generally speaking, we avoid any  
24 restraint technique that induces pain. The point is not to  
25 induce pain. It's to safely hold the person until they can be

